


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000071284
1. Entity Name
PEPE TRUJILLO & SONS RESTAURANT INC.



Principal Place of Business
625 EAST ATLANTIC BLVD
POMPANO BCH, FL 33060

Mailing Address
625 EAST ATLANTIC BLVD
POMPANO BCH, FL 33060



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FET Number
52-2332273 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRUJILLO, JOSE
3262 NW 3RD AVE
OAKLAND PK, FL 33309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title (Applicable)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000314221
04/18/05-80157-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRUJILLO, JOSE
STREET ADDRESS	3262 NW 3 AVE
CITY-ST-ZIP	OAKLAND PARK, FL 33309
TITLE	D
NAME	TRUJILLO, JOSEPH
STREET ADDRESS	4771 NE 3 AVE
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	D
NAME	TRUJILLO, SEAN
STREET ADDRESS	625 EAST ATLANTIC BLVD
CITY-ST-ZIP	POMPANO BCH, FL 33060
TITLE	D
NAME	TRUJILLO-BLANTON, MARIA I
STREET ADDRESS	701 NE 59 CT
CITY-ST-ZIP	FT LAUDERDALE, FL 33334
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose Trujillo _____
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____